QUARTERLY PERISCOPE.

FOREIGN INTELLIGENCE.

ANATOMY.

1. *Congenital Absence of the Iris without loss of Vision.*—The congenital absence of the iris, without loss of the sense of sight, is one of the most uncommon and singular organic anomalies. M. Rudolphi, (Grundriss der Physiologie, t. ii. part i. p. 221,) has doubted whether it has ever been observed; but we are now in possession of many facts which leave no room for incredulity. The change from the natural state to the total absence of the iris appears to be formed by congenital irregularities in the figure of the pupil. The first degree of anomaly is constituted by the oblong and perpendicular pupil, like that of the cat. Another preternatural formation consists in the division of the iris from the inferior margin of the pupil to the union of the cornea with the sclerotic coat.

Dr. Behr briefly reports all the known cases of total absence of the iris. Klinkosch, (Programma quo sect. et demonsta. indicit. Prague, 1766; Meckel, Pathol. Anat. t. i. p. 395,) first observed this anomaly, but in a case where there also existed organic malformation of the eye and the whole body. The first case of complete congenital absence of the iris, without any other complication, was communicated to the Société du Cercle Medical de Paris, by Mr. A. Morisson, of London, (Nouveau Journ. de Med. &c. t. vi. p. 105;) M. Baralta has described two eyes, in each of which the iris was wanting, (Praktische Beobacht. über die vorzüglichsten Augenkrankheiten.) Professor Dzondi mentions a similar case, (Rust, Mag. f. d. ges. Heilkunde, t. vi. p. 33; and another is reported by Dr. Pænitz, of Dresden, (Zeitschrift für Nat. und Heilk. t. ii. p. 214.) Lastly, M. Behr gives us the details of the following case, which he himself saw.

Caroline Schwabe, born in 1826, from the first day of her life, was so sensible to the impression of light, that she cried loudly whenever any luminous rays fell upon her eye. Her mother could perceive nothing peculiar in her eyes; but M. Behr, upon examining them in May 1827, discovered a total absence of the irides. The eyes of the mother and father were blue, and naturally formed. The child presented no other irregular formation, excepting that the upper eyelids were thick and swollen, and the eyebrows covered with light weak hair. By degrees the infant became accustomed to light, but the eyes were always very mobile, and agitated in their orbits. The cornea was rather more convex than usual. In November 1827, she was attacked with measles, accompanied by excessive sensibility of the eyes. September 1828, the child could direct the eyes steadfastly to any object, and the sclerotic was now seen of a bluish tint, and the large pupil of a deep black colour. When the child was placed at the extremity of a room, and rays of light were directed through the window upon the eyes, a phosphorescent redness was perceived, which gave to the eye the aspect of a luminous ruby, or of a burning coal. The visual faculty did not appear to be affected by this anomalous structure of the eyes. The child, however, seemed to be more comfortable in the weak light of the evening: she was then more cheerful and playful than at other times. She could see also in almost total darkness. The brightest colours, as red or yellow, were the most agreeable to her. If she wished to examine any minute object, she drew it very near her, and always placed it below the visual axis. It appeared painful to her to look upwards, even in a weak light. The other senses were perfect, and her hearing was remarkably acute.—*Lond. Med. and Phys. Journ. Jan.* 1830, *from Hecker's Ann. April*, 1829.

2. *Communication of the lymphatic Vessels with the Veins.*—M. De Blainville read to the Academy of Medicine at their sitting on the 3d of August last, a letter from Dr. Dubled, agrégé of the faculty of Paris, in which this physician announces that he has injected the two inferior thirds of the thoracic duct, and some of the neighbouring lymphatic vessels, by forcing an injection by the inferior vena cava. He has observed that in order that this passage may take place it is necessary that the last mentioned vein should be forcibly distended, and to verify this fact he has made the following experiment:—The inferior vena cava having been tied below the diaphragm, in a living animal, he found many hours afterwards, blood in the thoracic duct, and in some other vessels of the same system.—*Archives Générales, Nov.* 1829.

PHYSIOLOGY.

3. *Partial Loss of Memory.*—The late Dr. Schoenf, the author of several valuable medical works, on his recovery from a violent attack of fever, did not recollect a single word of Latin, though his memory in every other respect seemed perfect. He was very uneasy, not knowing how he should be able to write his prescriptions; but after a few days of convalescence, Latin words returned insensibly to his memory as his strength increased, and finally he became as good a Latinist as ever.—*Hufeland's Journal, Dec.* 1828.

4. *On the Regeneration of Bone.*—M. Flourens read a communication to the Royal Academy of Sciences, at their meeting on the 20th July last, on the regeneration of bone. M. F. has made a number of experiments on young birds, principally pullets, and the following are the results at which he has arrived. 1st. If the external periosteum of a bone of the cranium be removed, the external lamina of this bone becomes necrosed, and is thrown off; in this case a new periosteum is first formed, afterwards a cartilage, which subsequently ossifies. 2d. If a bone of the cranium and its periosteum is removed entire, the dura mater remaining perfect, this latter membrane reproduces only the internal lamina of the bone; the external is reproduced, as in the preceding case, by a periosteum newly formed. 3d. If the periosteum, the bone, and dura mater are removed, a new periosteum and a new dura mater are first formed, afterwards a double cartilage is produced between these two membranes, which is finally converted into two osseous lamina. 4th. All bones are not susceptible of reproduction; those which the author has seen reproduced in his experiments are, the frontal, the occipital, the parietal, and the other bones of the vault of the cranium; but the osseous envelope of the semicircular canals, and these last themselves are not reproduced. Nevertheless if a canal has been only divided, the two ends reunite after a time and are connected by a bone which at that point obliterates the cavity of the canal. M. F. gives the following account of the mechanism of this reproduction. 1st. It is always the periosteum or the dura mater which is first reproduced, and they afterwards reproduce the cartilage and the bone. 2d. It is always the old periosteum and the old dura mater, which give birth to the new periosteum and new dura mater; it is also at the borders that the new or-